

California Nonresident or Part-Year Resident Income Tax Return 2004**Short Form**

FORM

540NR C1 Side 1**Step 1**

Place label here or print

Name and Address

Your first name	Initial	Last name	P AC A R RP	
If joint return, spouse's first name	Initial	Last name		
Present home address — number and street, PO Box or rural route		Apt. no.		PMB no.
City, town, or post office (If you have a foreign address, see instructions, page 13)		State		ZIP Code

Step 1a
SSN or ITIN

Your SSN or ITIN

Spouse's SSN or ITIN

IMPORTANT:
Your SSN or ITIN is required.**Step 2**

Filing Status

Fill in only one.

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one spouse had income)
- 4 ☐ Head of household (with qualifying person). STOP. See instructions, page 19.
- 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died _____.

Step 2a

Residency

- ☐ State of residence
Yourself _____ Spouse _____
- ☐ Dates of California residency
Yourself from _____ to _____
Spouse from _____ to _____
- ☐ Active duty military — State of domicile
Yourself _____ Spouse _____

Step 3

Exemptions

Enclose, but do not staple, any payment.

- 6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle ● 6 ☐

► For line 7, line 8, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

- 7 **Personal:** If you filled in 1 or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see instructions, page 13 7 ☐ X \$85 = \$ _____

- 8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 8 ☐ X \$85 = \$ _____

- 10 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.

Dependent Exemptions

Total dependent exemptions ● 10 ☐ X \$265 = \$ _____

- 11 **Exemption amount:** Add line 7 through line 10 11 \$ _____

Step 4

Total Taxable Income

Standard Deduction

Single,
\$3,165Married filing jointly, Head of household, or Qualifying widow(er),
\$6,330

- 12 Total California wages from all your Form(s) W-2, box 16 ● 12 _____

- 13 Enter federal adjusted gross income from Form 1040, line 36; Form 1040A, line 21; Form 1040EZ, line 4; TeleFile Tax Record, line 1; Form 1040NR, line 34; or Form 1040NR-EZ, line 10 13 _____

- 14 Unemployment compensation and military pay adjustment. See instructions, page 13 ● 14 _____

- 17 Adjusted gross income from all sources. Subtract line 14 from line 13 ● 17 _____

- 18 **Standard deduction** for your filing status (see the left margin). If you filled in the circle on line 6, see instructions, page 14 ● 18 _____

- 19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- 19 _____

Step 5

California Taxable Income

Attach a copy of your Form(s) W-2.

Also, attach any Form(s) 1099 showing California tax withheld.

- 20 Tax on the amount shown on line 19 ● 20 _____

- 21 CA adjusted gross income. Add wages from line 12 and California taxable interest (Form 1099, box 1). Military servicemembers see line 14 instructions, page 13 ... ● 21 _____

- 22a CA Standard Deduction Percentage. Divide line 21 by line 17. If more than 1, enter 1.0000 22a _____

- 22b CA Prorated Standard Deduction. Multiply line 18 by line 22a 22b _____

- 22c CA Taxable Income. Subtract line 22b from line 21. If less than zero, enter -0- ● 22c _____

- 23 CA Tax Rate. Divide line 20 by line 19 23 _____

- 24 CA Tax Before Exemption Credits. Multiply line 22c by line 23 24 _____

- 25 CA Exemption Credit Percentage. Divide line 22c by line 19. If more than 1, enter 1.0000 25 _____

- 26 CA Prorated Exemption Credits. Multiply line 11 by line 25. If the amount on line 13 is more than \$100,000, stop here and use Long Form 540NR. 26 _____

- 27 CA Regular Tax Before Credits. Subtract line 26 from line 24. If less than zero, enter -0- ● 27 _____

Your name: _____ Your SSN or ITIN: _____

Step 6

Nonrefundable Renter's Credit/ Total Tax

28 Amount from Side 1, line 27 28 _____

40 Nonrefundable renter's credit. See instructions, page 14 ● 40 _____

46 Total tax. Subtract line 40 from line 28 ● 46 _____

Step 8

Payments

47 California income tax withheld (Form(s) W-2, box 17) ■ 47 _____

Step 9

Overpaid Tax or Tax Due

58 Overpaid tax. If line 47 is larger than line 46, subtract line 46 from line 47 ■ 58 _____

59 Tax due. If line 47 is less than line 46, subtract line 47 from line 46 59 _____

Step 10

Contributions

Alzheimer's Disease/Related Disorders Fund ● 61 _____	00	CA Firefighters' Memorial Fund ● 66 _____	00
CA Fund for Senior Citizens ● 62 _____	00	Emergency Food Assistance Program Fund ● 67 _____	00
Rare and Endangered Species Preservation Program ● 63 _____	00	CA Peace Officer Memorial Foundation Fund ● 68 _____	00
State Children's Trust Fund for the Prevention of Child Abuse ● 64 _____	00	Asthma and Lung Disease Research Fund ● 69 _____	00
CA Breast Cancer Research Fund ● 65 _____	00	CA Missions Foundation Fund ● 70 _____	00
		CA Military Family Relief Fund ● 71 _____	00
		CA Prostate Cancer Research Fund ● 72 _____	00
73 Add line 61 through line 72. These are your total contributions ● 73 _____			

Step 11

Refund or Amount You Owe

74 **REFUND OR NO AMOUNT DUE.** Subtract line 73 from line 58. Mail to:
FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 ■ 74 _____

75 **AMOUNT YOU OWE.** Add line 59 and line 73. See instructions, page 14. Mail to:
FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 ■ 75 _____

Or, pay online with FTB's Web Pay – Go to www.ftb.ca.gov

79 If you **do not** need California income tax forms mailed to you next year, fill in the circle ● 79 ○

Step 13

Direct Deposit (Refund Only)

Do not attach a voided check or a deposit slip. See instructions, page 14.

Fill in the boxes to have your refund directly deposited. Routing number ●

Account Type: Checking ● ☐ Savings ● ☐ Account number ●

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. **3**

Sign Here

It is unlawful to
forge a spouse's
signature.

Joint return?
See instructions,
page 14.

Your signature	Spouse's signature (if filing jointly, both must sign)	Daytime phone number (optional) () _____
X	X	Date _____
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)		Paid Preparer's SSN/PTIN
Firm's name (or yours if self-employed)	Firm's address	FEIN